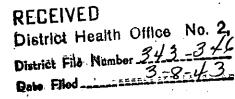
S. No. 2 DEPARTMENT OF COMMERCE STATE BOARD OF HEALTH OF MISSOURI 7855BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH בלווכרא ום Primary Registration District No. 6/3-2 Q Registration District No. Registrar's No. 03 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: OO INK-MAKE A PERMANENT RECORD Stoddard (a) State Missouri Stoddard (a) County(b) County..... (b) City or town Liberty Twp. Hural (c) City or town Liberty Twp. Rural (If outside city or town limits, write "HUHAL" and name of township)
(c) Name of hospital or institution: (If outside city or town limits, write "HURAL") (If not in hospital or institution, write street number or location) (If rural, give location) (d) Length of stay: In hospital or institution..... (Specify whether (e) Citizen of foreign country? (Yes or No) In this community... If yes, name country..... years, months or days) MEDICAL CERTIFICATION 3. (a) PRINT Adaline Brown Feb. 20. DATE OF DEATH: Month... 3. (c) Social Security 3. (b) If veteran. minute 3.5 21. I hereby certify that Lattended the deceased from 6. (a) Single, widowed, married mc White /divorced Married Female that last saw h / alive on and that death occurred on the date and hour stated above. 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive...70 T. M. Brown Immediate cause of death BLACK 1877 Sept. 7. Birth date of deceased.... (Month) (Day) (Year) UNFADING 8. AGE: Years Months Dave If less than one day 65 29 Clay Co. Tenn. 9. Birthplace. (City, town, or county) (State or foreign country) Housewife Other conditions. 10. Usual occupation. WRITE PLAINLY—USE (Include pregnancy within 3 months of death) PHYSICIAN 11. Industry or business. Major findings: Joseph White Of operations. 12. Name... Underline Clay Co. the cause to 13. Birthplace... which death (diponal acousts) (State or foreign country) should be 14. Maiden name. charged sta-No record tistically. 15. Birthplace. 22. If death was due to external causes, fill in the following: (City, town, or county) T. II. Brown (State or foreign country) (a) Accident, suicide, or homicide (specify)..... 16. (a) Informant Dexter, Mo. n2 (b) Date of occurrence. Burial (b) Date thereof 2/28/43 (Month) (Day) (Year) (c) Where did injury occur?..... 17. (a) (City or town) (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Place: burial or cremation C. Dowdy Cem.

Blankenship-Strickland (Specify type of place) While at work?. Dexter, Mo. (b) Address. (M. D. or other 19. (a) 3// - 1/ 3 Date received local registrar) (Licensed Embalmer's Statement on Reverse Side)



Licensed Embalmer No.



	YYOUNGED	

•	I her	eby certify that the body whose na	ame is recorded on t	he reverse side of this	certificate was em	ibalmed by me	, or by		• 1	
		·		•			•	,	,	
					, Registered	Apprentice N	Vо			.
•	- 4				, 6		,	•		
V	working ı	under my personal supervision.								

If this body is not embalmed, fact should be so stated above.